

PRIMARY CARE DESIGNATION WORKSHEET**PROPOSED SERVICE AREA**

County: _____

MSSA #/NAME: _____

Census Tract: _____

POPULATION AND PROVIDERS

| | |
|----------------------------------|-------|
| Perm Resident Civillian | _____ |
| Seasonal Residents | _____ |
| Effective Tourists | _____ |
| Low Income (200% POV)* _____ % | _____ |
| Poverty Population (100% POV) | _____ |
| Migrant Farm Workers | _____ |
| Seasonal Farm Workers | _____ |
| Medicaid Eligible* | _____ |
| Homeless | _____ |
| Other | _____ |
| TOTAL ADJUSTED POPULATION | _____ |

| |
|---|
| Total Providers: _____ |
| Provider FTE: _____ |
| Pop to Provider Ratio: _____ (>3500:1 Geographic or 3500:1 high needs or pop) |
| FTE includes hosp. hours? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sliding Fee Scale FTE Evaluated |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Nearest Source of Care |
| Miles: _____ Minutes: _____ |
| <input type="checkbox"/> Met <input type="checkbox"/> Non-Met <input type="checkbox"/> Frontier |

Other Information (Check If High Needs)

- ☐ _____ 100% of Poverty Rate ($\geq 20\%$)
- ☐ _____ Infant Mortality Rate ($\geq 20\%$)
- ☐ _____ Low Birth Weight Rate

*Low-income/Medicaid Eligible designations require 30% at 200% of poverty.

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| | | |
|----------------------------|---------------------------|--|
| Proposed Area Name: | Population Center: | Socio-Economic Characteristics of Proposed Area: |
| | | 100% Poverty _____ 200% Poverty _____ Ethnic/Racial _____ |

| Contiguous Area is: MSSA #/Name: _____ | | | | | | | | | | | | | | | | |
|--|---|---------|------------|-------|---------|----------------|--|--|-------------|--|--|---------------|--|--|-------|--|
| <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West County _____ HPSA I.D. _____ | | | | | | | | | | | | | | | | |
| Not Available Because: <input type="checkbox"/> HPSA name: _____ <input type="checkbox"/> Overutilized (>2000:1): Ratio <input type="checkbox"/> Excessively Distant (>30 minutes) <input type="checkbox"/> Significant Socio-Economic Differences <input type="checkbox"/> Other Access Barriers | To: _____ Distance by: <input type="checkbox"/> Auto <input type="checkbox"/> Bus <input type="checkbox"/> Other | | | | | | | | | | | | | | | |
| | Socio-Economic Differences: 100% Poverty _____ 200% Poverty _____ Ethnic/Racial _____ | | | | | | | | | | | | | | | |
| | Access barrier: | | | | | | | | | | | | | | | |
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PRIMARY CARE DESIGNATION WORKSHEET**Nearest Source of Care**☐ See previous pages

To: _____

Distance by: ☐ Auto ☐ Bus ☐ Other**Source:**☐ Rand McNally Atlas☐ Maps-on-us☐ Other: _____

| Road Type: | Miles | Minutes |
|----------------|-------|---------|
| Interstate 1.2 | | |
| Primary 1.5 | | |
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| Total | | |

Applicant Reminders:☐ Census Map Area/Contig Resources☐ Map Area/Contig Resources☐ FTE Spreadsheet☐ Road Map Area/Contig Resources☐ Map of route to nearest source of care☐ Letter**Applicant Requests:**☐ Designate ☐ Continue ☐ Reinstate**Rational:**☐ Meets criteria☐ Other

Signature: _____

Date: _____

Notes: _____
